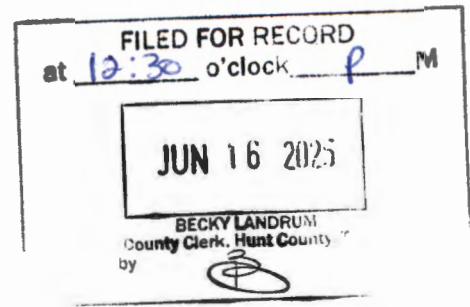


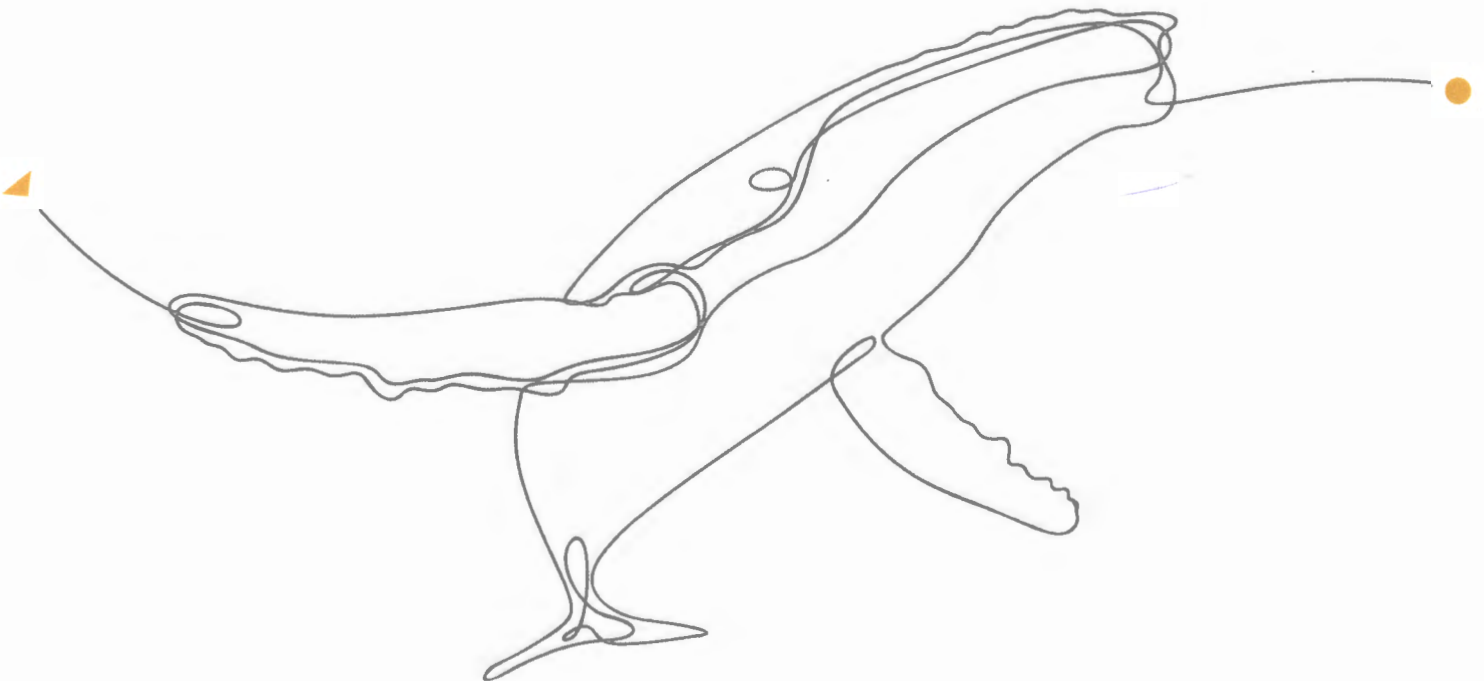
Pacific Life & Annuity Company

Workforce Benefits Proposal For



Hunt County, Texas

PROPOSED ON
May 29, 2025



Group Dental Insurance - Premier

Employee Dental Insurance

Monthly Premium		
Employee Only	\$37.62	
Employee + Family	\$97.88	60.26 / 30.13

Employees	Minimum Participation	Minimum Hours for Eligibility
412	100% of total eligible employees	30

Passive PPO Plan	In-Network	Out-of-Network
	Applies to Class A, B & C Services	Applies to Class A, B & C Services
Benefit Year Maximum	\$1,500 per person	\$1,500 per person

Coinsurance		
Class A: Preventive	100%	100%
Class B: Basic	80%	80%
Class C: Major	50%	50%
Class D: Orthodontics	50%	50%

Deductible		
	Applies to Class B & C Services	Applies to Class B & C Services
	\$50 per person (Maximum 3 per family)	\$50 per person (Maximum 3 per family)

Covered Services	Details
Class A - Preventive No waiting period	<ul style="list-style-type: none"> • Oral evaluations (2 in 12 Months) • Prophylaxis (2 in 12 Months , additional cleaning for verified health conditions) • Bitewing x-rays (maximum of 4 films per 12 months) • Full mouth x-rays (1 per 36 months) • Fluoride (children up to age 16) • Sealants (children up to age 16) • Oral cancer screening for ages 40+

Group Dental Insurance - Premier

Employee Dental Insurance

Monthly Premium		
Employee Only	\$39.13	
Employee + Family	\$101.79	- 62.66 / 31.33
Employees	Minimum Participation	Minimum Hours for Eligibility
412	100% of total eligible employees	30
Passive PPO Plan	In-Network	Out-of-Network
Benefit Year Maximum	Applies to Class A, B & C Services \$3,000 per person	Applies to Class A, B & C Services \$3,000 per person
Coinsurance		
Class A: Preventive	100%	100%
Class B: Basic	80%	80%
Class C: Major	50%	50%
Class D: Orthodontics	50%	50%
Deductible	Applies to Class B & C Services \$50 per person (Maximum 3 per family)	Applies to Class B & C Services \$50 per person (Maximum 3 per family)
Covered Services	Details	
Class A - Preventive No waiting period	<ul style="list-style-type: none"> • Oral evaluations (2 in 12 Months) • Prophylaxis (2 in 12 Months , additional cleaning for verified health conditions) • Bitewing x-rays (maximum of 4 films per 12 months) • Full mouth x-rays (1 per 36 months) • Fluoride (children up to age 16) • Sealants (children up to age 16) • Oral cancer screening for ages 40+ 	

Vision Insurance Powered by EyeMed® - Classic-24

Employee Vision Insurance



Monthly Premiums	
Employee Only	\$5.00
Employee + Spouse	\$9.50
Employee + Children	\$10.00
Employee + Family	\$14.72

Employees Eligible for Coverage	Minimum Participation Requirement	Minimum Hours for Eligibility
412	80% of total eligible employees	30

Covered Services	Benefit Frequencies
Exams	Once Every Calendar Year
Diabetic Exam Benefit	Once Every 6 Months
Frames	Once Every Two Calendar Years
Eyeglass Lenses	Once Every Calendar Year
Contact Lenses	Once Every Calendar Year

EyeMed Insight Network

Members have the freedom to choose any provider with the EyeMed Insight® network. Our network offers the right mix of independent providers, regional retailers, and national retailers including:

- LensCrafters®
- Pearle Vision®
- Target Optical®

Visit pacificlife.com/vision to search for nearby providers.

Shop online and stay in-network.

- [LensCrafters.com](https://lenscrafters.com)
- [Glasses.com](https://glasses.com)
- [Ray-ban.com](https://ray-ban.com)
- [Targetoptical.com](https://targetoptical.com)
- [Contactsdirect.com](https://contactsdirect.com)



HUNT COUNTY ANCILLARY BENEFITS Dental and Vision

Effective Date:

10/1/2025

Dental and Vision

Carrier Type of Plan	Current			
	CURRENT METLIFE DENTAL	RENEWAL METLIFE DENTAL	CURRENT METLIFE VISION	RENEWAL METLIFE VISION
Benefit Highlights				
Deductible				
Individual Family	\$50/\$150	\$50/\$150	\$10 copay 1 every 12 months	\$10 copay 1 every 12 months
Annual Maximum	\$1,500	\$1,500	\$39 Retinal Imaging	\$39 Retinal Imaging
Rates/Employee	Count by Tier			
Employee Only	\$30.10	\$41.84	\$5.00	\$5.45
Employee + Spouse	NA	NA	\$9.50	\$10.36
Employee + Child(ren)	NA	NA	\$10.00	\$10.90
Employee + Family	\$78.30	\$108.84	\$14.72	\$16.04
Estimated Total Monthly Premium	\$21,696.70	\$30,159.20	\$2,765.56	\$3,014.49
Estimated Total Annual Premium	\$260,360.40	\$361,910.40	\$33,186.72	\$36,173.88
Annual % Change	-	39%		9%
Annual \$ Change	-	\$101,550.00		
Rate Guarantee Period	CURRENT	RENEWAL	CURRENT	RENEWAL

IMPORTANT: This analysis is an outline of the coverage's proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage's, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

When members use a Preferred/Participating Provider, they avoid balance billing other than applicable deductibles, coinsurance and/or copayment and out-of-pocket maximums. Reimbursement for out-of-network services may be based on a "reasonable and customary (R&C)" or "usual, customary, and reasonable (UCR)", such as 80% of R&C or 80% of UCR, or as stated above, based on some percentage (110%-150%) of Medicare. Because there is no contract between the plan and the non-participating provider, the non-participating provider is not obligated to accept the plan's allowance as "reasonable and customary" and may bill the member for any balance. Please note, these differentials can be substantial.

Selection

Signature

Each Cost Analysis included in this presentation is an outline of the coverages proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. Actual rates and contract provisions will be determined by each specific carrier. The Nitsche Group will not be bound by any typographical errors or omissions contained herein. After discovery of such errors, equitable adjustments will be made. Any services offered that are not built into the plan by the insurance carrier must be offered on a free standing consulting basis.